

Barriers to Communication



4th Stage/ College of Pharmacy/ Al-Mistaqbal University

Overview

- Within the communication process, **numerous barriers exist** that may **disrupt or even eliminate** interpersonal interaction.
- Given the **large number of potential barriers** that exist in pharmacy practice settings, it is a wonder that any communication takes place at all.
- Some barriers are rather obvious, while others are more subtle.
- The **key is to identify** when barriers exist and **then develop strategies** that minimize them.

Types of Barriers



- Ask yourself the following questions:
- Is the **pharmacist** visible?
- Is it easy to get the pharmacist's attention?
- Does it appear that the pharmacist wants to talk to patients?
- Is the **prescription area** conducive to private conversation?
- Do you have to speak to the pharmacist through a third party?
- Is there a lot of background noise or are there other distractions?

- The first step in removing environmental barriers is discovering which of them exist in your practice setting.
- One of the **most obvious barriers** in most community practice settings is the **height of the prescription counter** separating patients from pharmacy personnel.
- This type of environment may also **give patients the impression** that the <u>pharmacist does not want to talk to them</u>.

- Prescription counters exist for three primary reasons:
- 1. They provide an opportunity for patients to identify where the pharmacy is located
- 2. They provide an opportunity for **pharmacy staff to look over the store area** periodically
- 3. They provide a **private area** in which the staff can work

- Crowded, noisy prescription areas also inhibit one-to-one communication in many practice settings.
- Many pharmacies provide areas where the **counter is lower** to **facilitate pharmacist-patient interaction**.
- Also, Many community pharmacists have tried to address these issues by increasing the amount of privacy within their settings.
- Privacy issues also exist in institutional and ambulatory care clinics.

B. Personal Barriers

Personal barriers can be categorized into:

1. Pharmacist-related personal barriers

2. Patient-related personal barriers

- 1. Low self-confidence
- 2. Shyness
- 3. **Dysfunctional internal monologue**
- 4. Lack of objectivity
- 5. Cultural differences
- 6. Discomfort in sensitive situations
- 7. Negative perceptions about value of patient interaction

- Low self-confidence
- Lack of confidence in your ability to **communicate effectively** may influence how you communicate.
- Shyness
- A personal barrier for some pharmacists involves the degree of personal shyness.
- Individuals with high levels of shyness tend to avoid interpersonal communication in most situations, including interactions with patients, physicians, or other health care providers.

- Dysfunctional internal monologue
- Another personal barrier to communication is the internal conversation you may have within yourself while talking with others.
- This internal conversation may limit your ability to listen effectively as you focus on your thoughts rather than on what the other person is saying.

- Lack of objectivity
- Another potential personal barrier involves emotional objectivity.
- While taking care of patients, you may be tempted to take on the emotional problems of patients.
- You should **remain empathetic** towards your patients, but **not get** so involved that you **carry their emotional burdens** as well.

- Cultural differences
- Culturally based factors may also serve as personal barriers to effective communication.
- For **example**, in some cultures it is **not proper to engage in eye contact** during communication.
- Such behavior would be labeled as **disrespectful**; while in **other** cultures, direct eye contact is appropriate and is almost **required**.

- Discomfort in sensitive situations
- Other personal barriers exist in situations where you may not be completely sure how to respond.
- These **personal fears or anxieties** may put **tremendous pressure** on the pharmacist.

- Negative perceptions about the value of patient interaction
- Many pharmacists believe that talking with patients is not a highpriority activity.
- They may perceive that patients neither expect nor want to talk with them.
- Thus, they are reluctant to approach patients.
- If they do not value patient interaction, then they will **not be eager to participate** in patient counseling activities.

2. Patient-related personal barriers

- Patient **perceptions** of pharmacists
- Patient perception that hinders communication is their belief that the health care system is impersonal
- Patient **perceptions** of their **medical conditions** may also inhibit communication.
- Many patients think that all the important information is stated on the prescription label.

C. Administrative Barriers

- Community pharmacists are not paid directly for educating or communicating with patients.
- Counseling services are not included as part of pharmacies' business plans.
- Therefore, many pharmacy managers perceive the task of talking with patients as an expensive service and not a high priority.
- Unfortunately, pharmacies often make **policies** that **discourage** pharmacist-patient interaction.

D. Time Barriers

- Choosing an **inappropriate time** to initiate a conversation may lead to **communication failure**.
- The **timing** of the interaction is **critical** since **both** parties must be ready to communicate at a given time.
- Many pharmacists make efficient use of time during these brief counseling encounters by "highlighting" pertinent information within the written information to emphasize key points before the patient leaves the pharmacy.

